

*epi*TRENDS

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Notifiable Conditions Reporting and Surveillance Guidelines

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During the past summer Department of Health (DOH) Communicable Disease Epidemiology Section (CDES) began revising its Notifiable Conditions Reporting and Surveillance Guidelines. The first set of guidelines was issued in 2002 as an aid to public health case investigations. In addition to changes in content, the current guidelines have a new format with eight sections although not all sections will apply to all conditions.

The guidelines can be accessed at: <http://www.doh.wa.gov/notify/list.htm> by selecting the name of a condition and then choosing “surveillance and reporting guidelines” to the right. Guidelines will be available initially as .pdf documents. Other web layouts are under development.

Rather than publishing an entire set of guidelines some time in the future, the guidelines will be completed for a few conditions at a time and posted on the DOH website in batches as completed. Major content has been finalized but minor changes may occur in the next few months to maintain consistency among the guidelines. If significant changes are made after a guideline is posted, those changes will be noted in the Update Section at the end of the guideline.

At publication time the completed guidelines are: West Nile virus infection, vibriosis, enterohemorrhagic *E. coli*, mumps, pertussis, and botulism. Additional guidelines to be posted soon are campylobacteriosis, meningococcal disease, salmonellosis, and shigellosis.

Guideline Sections

Each of the eight sections of the guidelines addresses a specific topic. Each of the sections is intended to have sufficient information to stand alone. There is overlap for some concepts, so part of the material may be repeated between sections.

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Section 1: Disease Reporting

This includes the purpose of notifiable condition reporting and surveillance; legal reporting requirements for health care providers, hospitals, laboratories, veterinarians, and local health jurisdictions; and local health jurisdiction investigation responsibilities which includes links to reporting forms and indicates which classifications should be reported for a condition.

Section 2: The Disease and its Epidemiology

The section includes a review of the etiologic agent, a description of typical symptoms, surveillance data for Washington State, reservoirs for the agent, known modes of transmission, incubation period, period of communicability, treatment, and immunity. Communicability, treatment, and immunity may not apply to all agents.

Section 3: Case Definitions

Surveillance case definitions are taken from the National Notifiable Diseases Surveillance System, which provides consistent case reporting in this county. (For national case definitions see: <http://www.cdc.gov/epo/dphsi/phs/infdis.htm>). There may be formal confirmed, probable, or suspect case definitions for a given condition which involve a combination of clinical and laboratory criteria. Conditions that are not nationally notifiable have case definitions developed by Washington State. These conditions include: rabies post exposure prophylaxis, rare disease of public health significance, typhus, unexplained critical illness or death, and yersiniosis.

Section 4: Diagnosis and Laboratory Services

Almost all notifiable condition case definitions include laboratory confirmation criteria (exceptions are tetanus and paralytic shellfish poisoning). In addition to indicating the required tests, this section describes testing available through DOH Public Health Laboratories. Specimen collection is described with a link to the appropriate form for specimen submission.

Section 5: Routine Case Investigation

There are guidelines for identifying potential sources of exposure for the condition as well as other potentially exposed persons. When appropriate, environmental evaluations are discussed.

Section 6: Controlling Further Spread

Depending on transmission routes and communicability, there may be health care setting infection control recommendations as well as specific recommendations for case and contact management.

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Section 7: Managing Special Situations

Some situations result in increased risk for transmission for a condition. Examples of such situations include child care settings, blood or tissue donation, and potential outbreaks.

Section 8: Routine Prevention

When applicable, immunization recommendations are given. Recommendations for general prevention are also provided, such as hygiene or safe food handling.

We suggest reviewing reporting requirements and laboratory diagnosis for West Nile virus infection, enterohemorrhagic *E. coli*, mumps, and pertussis for recent changes and clarifications. For example, the case definition for West Nile virus infection requires symptoms, but CDES is also requesting reporting of asymptomatic donors or recipients of blood or tissues.

The 2002 guidelines were originally based on the APHA *Control of Communicable Diseases Manual*, 17th Edition, edited by James Chin. We also acknowledge the Oregon Department of Health Services for developing the format and select content of the new guidelines.

We hope the revised guidelines will be useful to our public health partners. Feedback on the format and content of the guidelines would be appreciated. Please contact: Kathy Lofy at (206) 418-5510 or Kathy.Lofy@DOH.WA.GOV

Sentinel Providers for State Influenza Surveillance Program Needed

The Washington State Influenza Surveillance Program needs you! There is a shortage of sentinel providers to report influenza activity in their practice October 2007 through May 2008.

Each year the Centers for Disease Control and Prevention (CDC) request state health departments to identify sentinel providers willing to collect and relay a small amount of data about influenza cases weekly to CDC. The sentinel provider system monitors influenza activity in the general population. Ideally, there should be one regular reporting sentinel provider for every 250,000 state residents. Any specialty is eligible, including emergency medicine, family practice, infectious disease, internal medicine, OB/GYN, and pediatrics.

In addition to private providers' offices, surveillance can be conducted in a variety of sites such as emergency rooms, urgent care centers, college/university student health centers, and health maintenance organizations. Practices not eligible are elementary, middle, or high school health centers, and any type of institutional setting such as nursing homes or prisons.

Participants receive a new copy of the book "The Control of Communicable Diseases Manual", a subscription to the Emerging Infections Diseases journal, and the Morbidity and Mortality Weekly Report (MMWR). At the end of the season, a certificate of appreciation is also sent.

Anyone interested can contact their local health department's influenza coordinator or Phyllis Shoemaker at DOH Communicable Disease Epidemiology Section (206) 418-5500.